L17000232348

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
	i

Office Use Only



600306769896

12/22/17--01027--928 **30.00

17 DEC 22 PH 2: 5

S. WARREN DEC 2 6 2017

COVER LETTER :

TO:	Registration Sec Division of Cor		:	,
CHRII	Vest Digital			
SUBJ	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Lawrence Whiting		
		Vest Digital LLC	Name of Person	. 11-
			Firm/Company	
		7135 Collins Ave. Apt 423		1
			Address	
		Miami Beach, FL		
		vestdigital18@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notificat	ion)
For fu	rther information co	oncerning this matter, please ca	all:	
Lawre	nce Whiting		305 9881809 at ()	
	Name of	f Person	Area Code Daytime Te	lephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	(A Florida Limited)	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L	Liability Company	were filed on	and assigned	
Florida document number 1.17000232348				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	7135 Collins Ave, apt 423		
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami Beach, FL		
		33141		
Enter new mailing address, if applicable:		7135 Collins Ave, apt 423		
(Mailing address MAY BE A POST OFFICE	E BOX)	Miami Beach, FL		
	 	33141		
	d/or registered of	ffice address on our r	ecords, enter the name of th	
B. If amending the registered agent and		0.0		
B. If amending the registered agent and registered agent and/or the new registered of		<u>e</u> :		
registered agent and/or the new registered (<u>e</u> :		
Name of New Registered Agent:	office address her			
registered agent and/or the new registered (t address	
registered agent and/or the new registered of New Registered Agent:	office address her	vc. apt 423	t address , Florida 33141 Zip Code	

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lawrence Whiting	7135 Collins Ave, apt 423	Add
		Miami, Fl	□ Remove
		33141	☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			Ramove Cffange T ABB ABB Refrave
			□ Change

	any other information, ent	- · · · · · · · · · · · · · · · · · · ·	minut ancels, ly neces	
	· · · · · · · · · · · · · · · · · · ·			
		· - ·		
-				
`				
				
				,
				
				·
			1-110	
Effective date	: if other than the date of f	filing•	(ention	ral)
Note: If the d	c is listed, the date must be specified to inserted in this block does in the Department	filing:	more than 90 days after fi ing requirements, this c	ling.) Pursuant to 605.020 fate will not be listed as
	ecifies a delayed effections and after the record is file.	ve date, but not an effective led.	time, at 12:01 a.	m. on the earlier o
.				<u> </u>
Dated				 B
	MA		_	12/18/201
- <u></u> £	Signature	of a member or authorized representative	c of a member	
Lav	rence Whiting			PH 2:
	S			~~

Page 3 of 3

Filing Fee: \$25.00